

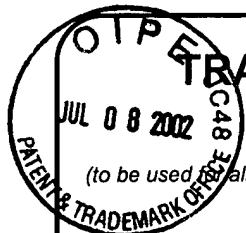
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	08/728,463	
	<b>Filing Date</b>	October 10, 1996	
	<b>First Named Inventor</b>	Lonberg, Nils	
	<b>Group Art Unit</b>	1644	
	<b>Examiner Name</b>	DeCloux, Amy	
<b>Total Number of Pages in This Submission</b>	1	<b>Attorney Docket Number</b>	014643-009020US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Andrew T. Serafini, Ph.D. Reg. No. 41,303	
<b>Signature</b>		
<b>Date</b>	July 2, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 2, 2002		
<b>Typed or printed name</b>	Kathy Johnston	
<b>Signature</b>		<b>Date</b> July 2, 2002

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PA 3233051 v1

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**FEE TRANSMITTAL**  
**for FY 2002**  
 Patent fees are subject to annual revision.  
 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **430**

**Complete if Known**

Application Number: 08/728,463  
 Filing Date: October 10, 1996  
 First Named Inventor: Lonberg, Nils  
 Examiner Name: DeCloux, Amy  
 Group Art Unit: 1644  
 Attorney Docket No: 014643-009020US

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**METHOD OF PAYMENT (check all that apply)**

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☒ Deposit Account:  
 Deposit Account Number: **20-1430**  
 Deposit Account Name: **Townsend and Townsend and Crew LLP**

The Commissioner is authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	740	Utility filing fee	
		106	330	Design filing fee	
		107	510	Plant filing fee	
		108	740	Reissue filing fee	
		114	160	Provisional filing fee	
<b>SUBTOTAL (1)</b>				<b>(\$)</b>	

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		103	18	Claims in excess of 20	
		102	84	Independent claims in excess of 3	
		104	280	Multiple dependent claim, if not paid	
		109	84	** Reissue independent claims over original patent	
		110	18	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>				<b>(\$)</b>	

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	110
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	320
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
<b>*Reduced by Basic Filing Fee Paid</b>				<b>SUBTOTAL (3)</b>	<b>(\$430)</b>

**SUBMITTED BY**

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Andrew T. Serafini, Ph.D.	41,303	650-326-2400
Signature	Date	July 2, 2002

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